

Mental Health Support Team Helping Your Child with Fears and Worries Online Parent Group Referral Form

Based on Version 8 - January 2023

Referral form for Helping Your Child with Fears and Worries parent group from the MHST for parents. Please email completed referrals to MHSTadmin@wokingham.gov.uk and one of our practitioners will be in touch to arrange an introductory phone call. **Please note where parents have more than one child with a mild to moderate worries or anxiety difficulties, the referral should be completed for the child they are most concerned about.**

1. Details of Parent Making the Referral - parent completing this form

Name:		Date of Referral:	
Parent/carer role:		School:	Yr.:
Contact Details:	Tel:	Email:	
Address:			

2. Consent

I parent/carer/guardian/young person (if aged 12+) give consent for EWH/MHST involvement and for them to liaise with CAMHS, or other relevant professionals to share information appropriate to the referral. I/we understand that any disclosures that cause a safeguarding concern will be shared with the appropriate team.

**See consent notes listed below for more information.*

Signed:		Parent Name:	
Please indicate if consent was provided verbally:			
Signed (young person if 12+):		Young Person's Name:	
Please indicate if consent was provided verbally:			

3. Child/Young Person Details

Forename:		Surname:	
Preferred name:			

Preferred pronoun:		
Pupil Premium: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth: Gender:	Age:	Year Group:
First Language: Other Language:	Ethnicity: White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian/British Asian <input type="checkbox"/> Black/British Black <input type="checkbox"/> Other <input type="checkbox"/>	
Home Address:		General Practitioner name & address:

4. Family Details

Parent/carer details:	Address - if not living at family address given above	Parental responsibility
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
Names of other significant adults and children including siblings	Address - if not living at family address given above	Relationship & involvement with child

5. Nature of Behavioural Difficulties

Please comment on those that apply. Please provide brief examples.

Presents as worried	<i>Please give details</i>
Has specific worries and avoids some situations	<i>Please give details</i>
Has stopped doing things they previously enjoyed	<i>Please give details</i>

Other, e.g. impact on family	<i>Please give details</i>
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6. Additional Relevant Information

Support to child & family: What support have the child and family had in relation to this referral?	
Does the child have any diagnosis/ has a referral been made to CAMHS for an assessment (e.g. ASC)?	
Previous or ongoing interventions: <i>Please give details of any interventions/ treatment (including outcomes) the child has received <u>or</u> is currently receiving, such as specific support groups, individual support, counselling, PSP, etc.</i>	
If asked, what are the child's/YP views about this referral?	
Are you aware of any risks to or from the child? <i>e.g. child/YP does not want to go out, hitting siblings etc.</i>	
What are your hopes for the parenting programme? <i>What changes would you like to see?</i>	

Please Note we do not to accept urgent or emergency referrals/queries If you are concerned that the child or young person is at a high level of risk related to mental health difficulties, please call CAMHS Rapid Response on 0300 365 1234 between the hours of 8.00am -10.00pm Monday to Friday or 9.00am - 5.00pm Weekends and Bank Holidays. Outside of the hours of 8am-10pm, please contact Crisis Teams (CRHTT) on 0800 129 9999* (freephone) (*this number is the 24 hr Berkshire Adults Mental Health Crisis Team. The team is designed to support adults in a mental health crisis, however they are able to take calls from young people and parents; and offer advice and direction to support you and your child).

If you are concerned about the safeguarding of a child or young person, please contact Children's Services Wokingham on 0118 908 8002.

To see how we use and store your personal information in line with GDPR please read details on the Wokingham Borough Council website:

<https://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/data-protection/>

Anonymised data will be collected for the national evaluation of the MHST project.

***Consent is required:**

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

- so that the referral can be discussed by professionals and other relevant agencies, and/or managed by them if appropriate.
- to indicate you understand our GDPR processes (as per the above links) about storing and managing your data.

If you are unhappy with any part of this please indicate, we will then contact you to discuss in further detail before we can process your referral further. Additionally, in the event of any safeguarding concerns during the referral process, we are duty bound to forward details to the Safeguarding Team.

Please note:

- We are unable to help with diagnosis or medical intervention, please consult your GP if you are seeking this level of support.
- To talk to someone about your concerns, out of work hours, you can call Childline on 0800 1111 or Samaritans on 116 123.
- You may also find the resources provided by ARC to be useful whilst waiting to hear from us www.arcweb.org.uk/factsheets.

Thank you for completing this referral form

Mental Health Support Team: Further information

Participating Schools

The service is only available to children and young people who attend or are on roll at one of the following schools:

Primary Schools: All Saints, Chiltern Way, , Hawthorns, Highwood, Bearwood, Beechwood, Coombes, Foundry (primary), Hawkedon, Gorse Ride Junior, Keep Hatch, Lamb's Lane, Loddon, South Lake, St Sebastians, Shinfield St Mary's Junior, Whiteknights, Willow Bank Infants, Windmill, Winnersh, Woodley.

Secondary Schools: The Forest, Foundry (secondary), The Holt, Maiden Erlegh, St. Crispin's, Emmbrook, Waingels, Bulmershe, Oakbank.

To access support for a child or young person who does not attend one of the participating schools, please visit the Emotional Wellbeing Hub for a referral form: [Emotional Wellbeing Hub - Wokingham Borough Council](#)

If you believe that a case meets the threshold for the MHST to review, please email: mhstadmin@wokingham.gov.uk

Please Note MHST does not accept urgent or emergency referrals

If you are concerned that the child or young person is at a high level of risk related to mental health difficulties, please call the **Children, Young People and Families Health Hub on 0300 365 1234** between the hours of 8.00am -10.00pm Monday to Friday or 9.00am - 5.00pm Weekends and Bank Holidays.

If you are concerned about the safeguarding of a child or young person, please contact Children's Services Wokingham on 0118 908 8002.

Remit for MHST

- Support low level (low intensity) mental health difficulties such as low mood, anxiety and phobias through evidence based short term interventions with children and young people over 12 years.
- Support parents to manage behaviour difficulties and worries in primary aged children. The MHST have a core remit to promote emotional wellbeing and resilience on a school wide level.
- Undertake assessments, evidence based individual and group pupil work, shared decision making with pupils, family parenting groups, onward signposting to more specialist teams and whole school projects.
- Consult cases with the Senior Mental Health Lead in schools to help inform provision for pupils and make judgements about whether a child or young person would benefit from MHST intervention.